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					(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVEN	TOR AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/769,231 01/30/2004 Cary L. Baies ROC920030244US1 9641 TITLE OF INVENTION: METHOD OF GENERATING AND UTILIZING DEBUG HISTORY					
APPLN. TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE PREV. PAID ISSUE FI	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO	\$1440	\$300	\$0	\$1740 08 AUONDAF2 0000005	01/22/2008
EXAMINER ART UNIT		CLASS-SUBCLAS		04	
NGUYEN, PHILLIP H	2191	717-125000	92 FC:15	91 1440.09 DA 94 300.00 DA	
. Change of correspondence address or indication FR 1.363). Change of correspondence address (or Chanaddress form PTO/SB/122) attached. Fro/SB/47; Rev 03-02 or more recent) attach Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.					
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
INTERNATIONAL BUSINESS MACHINES CORPORATION, ARMONK, NEW YORK 10504 Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X3 Corporation or other private group entity					
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.					shown above)
☑ Publication Fee (No small entity discount p	Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0465 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated a. Applicant claims SMALL ENTITY state	is. See 37 CFR 1.27.		no longer claiming SMALL		
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Typed or printed name Grant A./J	ohnson		Registration No.	42,696	
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